

# AUTO CR - LOG SUMMARY #1071837

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved member responded to a call related to teens inside of an abandoned house. The involved member walked through the backyard and a pitbull ran charged at him. The involved member discharged his firearm once striking the pitbull once in the head, causing the animal to be destroyed.	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	WIECZOREK, THOMAS E	268		009 /	LIEUTENANT OF POLICE	M	WHI	

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
05-OCT-2014 05:33 - 05-OCT-2014 05:33		0934	009	304 - STREET	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	JEFFERSON, SHERMAN	2445		009 /	SERGEANT OF POLICE	M	BLK	

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

## Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

## Investigator History

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	01-DEC-2014 10:06	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	01-DEC-2014 10:06	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	12-NOV-2014 09:46	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	12-NOV-2014 09:16	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	12-NOV-2014 09:16	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	20-OCT-2014 08:24	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	06-OCT-2014 08:26	KOBEL, DANIEL	INVESTIGATOR 1 COPA	113 /	Related Complaint is Log#1071838
PRELIMINARY	06-OCT-2014 07:14	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	Drug/Alcohol testing
PENDING SUPERVISOR REVIEW	05-OCT-2014 07:11	DAVIS, LAKEISHA	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	05-OCT-2014 07:05	DAVIS, LAKEISHA	INVESTIGATOR 2 COPA	113 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					DAVIS, LAKEISHA	05-OCT-2014 07:05			
	DOCUMENTS - INTAKE INCIDENT		13		N	TOUSANT, LISA	12-NOV-2014 09:15	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2		N	DAVIS, LAKEISHA	05-OCT-2014 10:22	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	Sgt. Jefferson	N	DAVIS, LAKEISHA	05-OCT-2014 10:21	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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## Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 05-OCT-2014) - LOG #1071837

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	WECZOREK, THOMAS E	268		009 /	LIEUTENANT OF POLICE	M	WHI		

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## Accused Members

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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	05-OCT-2014 19:05	DAVIS, LAKEISHA	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	01-DEC-2014 10:06	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	01-DEC-2014 10:06	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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PRELIMINARY	20-OCT-2014 08:24	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	06-OCT-2014 08:26	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	Related Complaint is Log#1071838
PRELIMINARY	06-OCT-2014 07:14	QUERFURTH, PATRICK	SUPERVISING INV COPA	113 /	Drug/Alcohol testing

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
PENDING SUPERVISOR REVIEW	05-OCT-2014 07:11	DAVIS, LAKEISHA	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	05-OCT-2014 07:05	DAVIS, LAKEISHA	INVESTIGATOR 2 COPA	113 /	

## TACTICAL RESPONSE REPORT/Chicago Police Department

<b>MEMBER INVOLVED</b>		1. DATE OF INCIDENT <b>05-OCT-2014</b>		TIME <b>17:30:00</b>		2. ADDRESS OF OCCURRENCE <b>[REDACTED]</b>		3. LOCATION CODE <b>092</b>		4. BEAT/OCCUR <b>0934</b>	
		5. POSITION <b>9171</b>		6. LAST NAME <b>JEFFERSON</b>		7. FIRST NAME <b>SHERMAN</b>		8. STAR NO. <b>2445</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
<b>SUBJECT INFORMATION</b>		10. RACE CODE <b>BLK</b>		11. AGE <b>[REDACTED]</b>		12. HT. <b>600</b>		13. WT. <b>180</b>			
		14. DATE OF APPT. <b>22-NOV-1993</b>		15. EMPLOYEE NO. <b>[REDACTED]</b>		16. UNIT & BEAT OF ASSIGNMENT <b>009 4155</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
<b>REASON FOR USE OF FORCE (Check all that apply)</b>		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME <b>[REDACTED]</b>		21. FIRST NAME <b>[REDACTED]</b>		22. M.I. <b>[REDACTED]</b>		23. SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	
		24. RACE <b>[REDACTED]</b>		25. D.O.B. <b>[REDACTED]</b>		26. HT. <b>[REDACTED]</b>		27. WT. <b>[REDACTED]</b>			
<b>WEAPON DISCHARGE INCIDENT</b>		28. ADDRESS <b>[REDACTED]</b>		29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>[REDACTED]</b>		34. BY WHOM? <b>[REDACTED]</b>		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED <input checked="" type="checkbox"/> DNA		37. CB NO. <b>[REDACTED]</b> IR NO. <input checked="" type="checkbox"/> DNA	
<b>CASE INFO.</b>		38. <input type="checkbox"/> DNA		39. <input type="checkbox"/> DNA		40. ADDITIONAL INFORMATION <b>WHILE RESPONDING TO A RADIO ASSIGNMENT, AS THE ABOVE MEMBER APPROACHED AN UNSECURED YARD, A VICIOUS PITBULL CHARGED TOWARDS THE ABOVE MEMBER. AT WHICH TIME THE ABOVE MEMBER DISCHARGED HIS WEAPON ONCE STRIKING AND KILLING THE PITBULL.</b>					
		41. WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 02 Night <input checked="" type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>			
<b>SIGNATURES</b>		45. MAKE/MANUFACTURER <b>GLOCK, INC. -AU-</b>		46. MODEL <b>30</b>		47. BARREL LENGTH <b>3</b>		48. CALIBER/GAUGE <b>45 CAL</b>			
		49. TASER DART ID NO. <b>[REDACTED]</b>		50. WEAPON SERIAL No. (Include Letters) <b>[REDACTED]</b>		51. CHICAGO GUN REG. NO. <b>[REDACTED]</b>		52. IL FIREARM OWNER ID. NO. <b>[REDACTED]</b>		53. HANDGUN CERTIFICATE NO. <b>[REDACTED]</b>	
<b>71. R.D. NO.</b>		54. SPECIAL WEAPON CERTIFICATE NO. <b>[REDACTED]</b>		55. PROPERTY INVENTORY NO. <b>[REDACTED]</b>		56. TYPE OF AMMUNITION USED <b>Department Issued</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>1</b>	
		59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CATDRIDGES/ SHOT SHELLS RELOADED <b>0</b>		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)			
<b>70. EVENT NO.</b>		63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>[REDACTED]</b>		65. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>DNA</b>		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)			
<b>72. NOTIFICATIONS</b>		70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		70. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.					
		73. REPORTING MEMBER (Print Name) <b>JEFFERSON, SHERMAN</b>		STAR/EMPLOYEE NO. <b>2445</b>		SIGNATURE <b>[REDACTED]</b>					
<b>74. REVIEWING SUPERVISOR</b>		74. REVIEWING SUPERVISOR (Print Name) <b>BICKHAM, TIMOTHY M</b>		STAR NO. <b>284</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>05-OCT-2014 20:09:32</b>		TIME	
		75. REVIEWING SUPERVISOR (Print Name) <b>[REDACTED]</b>		STAR NO. <b>[REDACTED]</b>		SIGNATURE <b>[REDACTED]</b>		DATE REVIEWED <b>[REDACTED]</b>		TIME <b>[REDACTED]</b>	

CPD-11.377 (REV. 10/07)

LOG #

Attachment #

CPD 0260236

### WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Animal destruction

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Incident reported under [REDACTED] 3-ANOV's issued, Spent casing inventoried under [REDACTED]  
Investigator Davis IPRA Notified 1900 hrs  
IAD Sgt. Vanna #2232 notified on scene in 009 @ 1830 hrs  
Reporting Commander's investigation has determined that Sgt. Jefferson acted within the Department's guidelines on Use of Force.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. [REDACTED] OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

PANEPINTO, LEO

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

05-OCT-2014 20:21:38

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT  
☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

1

LOG # \_\_\_\_\_

Attachment # \_\_\_\_\_

CHICAGO POLICE DEPARTMENT  
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police Department Personnel Only)  
CPD-11.388(6/03)-C

RD # [REDACTED]  
Case ID [REDACTED]  
EVENT [REDACTED]

INCIDENT	<b>APPROVAL COMPLETE</b>		
	IUCR: 5081 - Non-Criminal - Other Non-Criminal Property		
	Occurrence Location: [REDACTED] 092 - Alley	Beat: 0934	Unit Assigned: 0934 RO Arrival Date: 05 October 2014 17:50
	Occurrence Date: 05 October 2014 17:30		

NON-OFFENDER(S)	<b>VICTIM - Individual</b>		<b>Police Officer</b>
	Name: JEFFERSON, Sherman 3120 S Halsted St Chicago, Illinois Police Officer - Chicago		
	Sobriety: Sober CPD Officer: Yes		
	Beat: 0913		
	<b>WITNESS - Individual</b>		
	Name: [REDACTED]	Beat: 0934	Demographics
	Res: [REDACTED]		Male DOB: [REDACTED] Age: 53 Years
	CPD Officer: No		

OTHER	<b>Miscellaneous</b>	
	Victim Information Provided	Flash Message Sent ? No

NARRATIVES	IN SUMMARY: SHERMAN JEFFERSON #2445 (VICTIM) SGT FOR CHICAGO POLICE, WAS INVESTIGATING A DISPATCHED CALL OF "TEENS GOING INSIDE A VACANT BUILDING". JEFFERSON STATES HE WAS WALKING IN ALLEY WHEN A BLACK AND WHITE MIXED BREED DOG AGGRESSIVELY CHARGED TOWARDS HIM FROM AN UNFENCED AND OPEN GANGWAY. JEFFERSON IN FEAR OF RECEIVING GREAT BODILY HARM DISCHARGED HIS FIREARM ONE TIME TOWARDS THE ANIMAL, FATALLY STRIKING IT. [REDACTED] (WITNESS) CLAIMED TO BE THE OWNER OF THE ANIMAL AND WAS CITED 3 ANOVs UNDER TICKET NUMBERS [REDACTED]. ANIMAL REMOVED BY ANIMAL CONTROL OFFICER ALLISON #330 WITH ANIMAL INVENTORY [REDACTED] ONE SHELL CASING INVENTORIED UNDER [REDACTED]
	- STAR#: 9931 NAME: ANTONIO HERNANDEZ BEAT: 0934 - STAR#: NAME: BEAT: 0990

PERSONNEL	Star No	Emp No	Name	User	Date	Unit	Beat
	Reporting Officer	6818	[REDACTED]	COSTELLO, Bobby	[REDACTED]	05 Oct 2014 19:58	009



**BUREAU OF INTERNAL AFFAIRS  
SPECIAL INVESTIGATIONS SECTION**

**05 OCTOBER 2014  
LOG # 1071837**

**TO:** Juan Rivera  
Chief  
Bureau of Internal Affairs

**ATTN:** Robert Klimas  
Commander  
Bureau of Internal Affairs

**ATTN:** Susan Clark #320  
Lieutenant  
Bureau of Internal Affairs

**FROM:** Sergeant Robert Vanna #2232  
Sergeant  
Bureau of Internal Affairs

**SUBJECT:** Synoptic Report – Firearm Discharge Incident (ANIMAL)

**RESULTS:** BAC .000  
**REFERENCE:** LOG # 1071837  
WD # [REDACTED]

**INCIDENT  
LOCATION:** [REDACTED]

**DATE & TIME:** 05 October 2014 at 1730 hours

**Command Staff:** Commander Leo Panepinto

**INVOLVED MEMBER:**

**Sgt. Sherman JEFFERSON #2445**  
Employee No: [REDACTED]  
Unit: 009<sup>th</sup> District  
DOA: 22 November 1993  
DOB: [REDACTED]  
BAC: .000  
WD #: [REDACTED]

**BUREAU OF INTERNAL AFFAIRS  
SPECIAL INVESTIGATIONS SECTION**

**05 OCTOBER 2014  
LOG # 1071837**

**NARRATIVE:**

Reporting sergeant was notified at 1755 hours by CPIC of a Weapons Discharge Incident – Animal that occurred in the 009<sup>th</sup> District at 1730 hours.

Reporting sergeant arrived at the 009<sup>th</sup> District at 1830 hours. Reporting sergeant presented Sgt. JEFFERSON #2445 with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form at 1930 hours. Reporting sergeant immediately began the twenty minute observation period of Sgt. JEFFERSON. During the observation period, Sgt. JEFFERSON indicated that he could provide a urine sample and was allowed to do so. Reporting sergeant collected the urine specimen from Sgt. JEFFERSON at 1935 hours. The Breath Test of Sgt. WHITE was conducted at 1954 hours and the BAC was .000.

Commander Panepinto was notified of the BAC results.



Robert Vanna #2232  
Sergeant  
Bureau of Internal Affairs

**APPROVED:**



Susan Clark #320  
Lieutenant  
Bureau of Internal Affairs



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name SHERMAN JEFFERSON Title SERGEANT  
Star No. 2445 Employee No. [REDACTED] Unit 009

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>SHERMAN JEFFERSON</u>		Involved Member's Signature <u>[Signature]</u>	Date and Time <u>05OCT14/1930</u>
Type of Test: <b>Alcohol</b>	Location: <u>009<sup>th</sup> DISTRICT</u>	Date and Time: <u>05OCT14/1954</u>	
Type of Test: <b>Drug</b>	Location: <u>009<sup>th</sup> DISTRICT</u>	Date and Time: <u>05OCT14/1935</u>	

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>SGT. ROBERT VANNA #2232</u>	B.I.A. Supervisor's Signature <u>[Signature]</u>	Date and Time <u>05OCT14/1955</u>
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CPD-44.252 (REV. 6/12)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.

OPERATOR  
SGT. VANUA  
WITNESS  
ONA  
TEST LOCATION  
CL1071837

TEST RECORD  
SGT. VANUA  
WITNESS  
ONA  
TEST LOCATION  
CL1071837

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

**INSTRUCTIONS:** Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by \_\_\_\_\_

☒ Employer Representative \_\_\_\_\_

Signature of Employer Representative

**PART I -** A. On the 5<sup>th</sup> day of OCTOBER, 2014 at 1935 hr, SGT. SHERMAN JEFFERSON  
(TIME) (PRINT NAME)  
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this  
same cup, then I delivered this cup containing my urine specimen to SGT. ROBERT VANNA  
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link  
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial  
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.  
I then initialed the evidence tape with specimen ID number \_\_\_\_\_

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode  
label on bag with the number \_\_\_\_\_

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>2415</u>	WITNESS'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>2232</u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>2232</u>	SUPERVISOR'S SIGNATURE	STAR/EMP NO.

**PART II -** The urine specimen with the control number \_\_\_\_\_ was received and then secured in the  
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Michael Walker, on 06 OCT 14 at 0645 hrs  
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

**PART III -** I attest that the sealed urine specimen bag containing specimen ID number \_\_\_\_\_  
was removed from the Random Drug Testing Unit refrigerator by \_\_\_\_\_  
(RDTU MEMBER)  
and then delivered to \_\_\_\_\_, on \_\_\_\_\_, at \_\_\_\_\_  
(LAB MEMBER) (DATE) (TIME)

Specimen received by \_\_\_\_\_  
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:

☒ Photo ID

☒ Emp. Rep.

F. Reason for Test:

☐ Pre-employment (1)

☐ Random (3)

☐ Reasonable Suspicion/Cause (5)

☐ Post-Accident (2)

☐ Promotion (22)

☐ Return to Duty (6)

☐ Follow-up (23)

☒ Other (specify) (99)

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

**STEP 2: COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:

☐ Split

☒ Single

☐ None Provided (Enter Remark)

☐ Observed (Enter Remark)

REMARKS

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒ Signature of Collector

(Print) Collector's Name (First, MI, Last)

Time of Collection

Date (Mo./Day/Yr.)

**SPECIMEN BOTTLE(S) RELEASED TO:**

☐ Quest Diagnostics Courier ☐ FedEx

☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED

AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen Bottle Seal Intact**

☐ Yes

☐ No, Enter Remark

**SPECIMEN BOTTLE(S) RELEASED TO:**

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a temper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo. Day Yr.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE

☐ POSITIVE

☐ TEST CANCELLED

☐ REFUSAL TO TEST BECAUSE:

☐ DILUTE

☐ ADULTERATED

☐ SUBSTITUTED

REMARKS

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN**

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED

☐ FAILED TO RECONFIRM - REASON

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2-MEDICAL REVIEW OFFICER COPY

CPD 0260244

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 16 day of OCTOBER 2014, I INV. WILLIAMSON # 6  
received a collected urine specimen from SGT. VANNA # 2232. The specimen  
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including  
one within a sealed Quest Diagnostics specimen bag). [REDACTED]

or

☐

The packaging was then opened by INV. WILLIAMSON in the presence  
of SGT. VANNA. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest  
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer  
by INV. WILLIAMSON, as witnessed by SGT. VANNA.

Specimen delivered by: *[Signature]* # 2232  
Signature

Received/stored by: *[Signature]* # 6  
Signature

Last Name: JEFFERSON

First Name: SHERMAN

Rank: SERGEANT

Star #: 2445

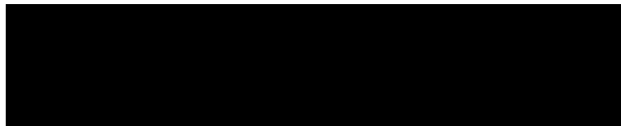
Unit: 009

Home Zip Code: \_\_\_\_\_

Date Hired: 22 NOV 93

Birthdate: [REDACTED]

06 OCT 14





# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

**INSTRUCTIONS:** Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

☒ Photo I. D. by \_\_\_\_\_

☒ Employer Representative \_\_\_\_\_

Signature of Employer Representative

**PART I -** A. On the 5<sup>th</sup> day of OCTOBER, 2014 at 1935h SGT. SHERMAN JEFFERSON  
(TIME) (PRINT NAME)  
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this  
same cup, then I delivered this cup containing my urine specimen to SGT. ROBERT VANNA  
and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link  
between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial  
with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.  
I then initialed the evidence tape with specimen ID number \_\_\_\_\_

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode  
label on bag with the number \_\_\_\_\_

A	B
MAIN TEST VIAL - NO.	ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>2415</u>	WITNESS'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>2232</u>
RECEIVING STAFF MEMBER'S SIGNATURE <u>[Signature]</u>	STAR/EMP NO. <u>2232</u>	SUPERVISOR'S SIGNATURE	STAR/EMP NO.

**PART II -** The urine specimen with the control number \_\_\_\_\_ was received and then secured in the  
appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Michael Walker, on 06 OCT 14, at 0645hrs  
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

**PART III -** I attest that the sealed urine specimen bag containing specimen ID number \_\_\_\_\_  
was removed from the Random Drug Testing Unit refrigerator by \_\_\_\_\_ (RDTU MEMBER)  
and then delivered to \_\_\_\_\_, on \_\_\_\_\_, at \_\_\_\_\_  
(LAB MEMBER) (DATE) (TIME)

Specimen received by \_\_\_\_\_ (LAB MEMBER'S INITIALS) \_\_\_\_\_ (RDTU MEMBER'S SIGNATURE) \_\_\_\_\_ STAR/EMP NO.

## STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

B. MRO Name, Address, Phone and Fax No.

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:



Photo ID



Emp. Rep.

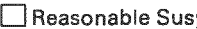
F. Reason for Test:



Pre-employment (1)



Random (3)



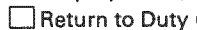
Reasonable Suspicion/Cause (5)



Post-Accident (2)



Promotion (22)



Return to Duty (6)



Follow-up (23)

Other (specify) (99) ADULTERY

G. Drug Tests to be Performed:

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

## STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☒ Yes ☐ No, Enter Remark

Specimen Collection:



Split



Single



None Provided (Enter Remark)



Observed (Enter Remark)

REMARKS ADULTERY

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

## STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 1 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

☒

Signature of Collector

Time of Collection

AM

PM

(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

## SPECIMEN BOTTLE(S) RELEASED TO:



Quest Diagnostics Courier



FedEx



Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED  
AT LAB: ☒

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen  
Bottle Seal Intact

Yes



No, Enter Remark

## SPECIMEN BOTTLE(S) RELEASED TO:

## STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a temper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

☒

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ( )

Evening Phone No. ( )

Date of Birth

Mo. Day Yr.

## STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:



NEGATIVE



POSITIVE



TEST CANCELLED



REFUSAL TO TEST BECAUSE:



DILUTE



ADULTERATED



SUBSTITUTED

REMARKS

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

## STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:



RECONFIRMED



FAILED TO RECONFIRM - REASON

☒

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2--MEDICAL REVIEW OFFICER COPY

CPD 0260248

# RANDOM DRUG TESTING UNIT

## ALTERNATE COLLECTION RECEIPT

On the 16 day of OCTOBER 2014, I INV. WILLIAMSON # 6  
received a collected urine specimen from Sgt. VANNA # 2232. The specimen  
was delivered in sealed / unsealed condition and was received in packaging described as:

Select One ☒ A clear and blue CPD evidence/property bag containing two tape-sealed vials (including  
one within a sealed Quest Diagnostics specimen bag). [REDACTED]

or

☐

The packaging was then opened by INV. WILLIAMSON in the presence  
of Sgt. VANNA. The following items were removed from the container:

Select One ☒ One tape-sealed vial labeled # [REDACTED] within a sealed Quest  
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

☐

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer  
by INV. WILLIAMSON, as witnessed by Sgt. VANNA.

Specimen delivered by: [Signature] # 2232  
Signature

Received/stored by: [Signature] # 6  
Signature



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name SHERMAN JEFFERSON Title SERGEANT  
Star No. 2445 Employee No. [REDACTED] Unit 009

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I acknowledge and understand this notice of testing.

Print Member's Name <u>SHERMAN JEFFERSON</u>		Involved Member's Signature <u>[Signature]</u>	Date and Time <u>05 OCT 14 / 1930</u>
Type of Test: <b>Alcohol</b>	Location: <u>009<sup>th</sup> DISTRICT</u>	Date and Time: <u>05 OCT 14 / 1954</u>	
Type of Test: <b>Drug</b>	Location: <u>009<sup>th</sup> DISTRICT</u>	Date and Time: <u>05 OCT 14 / 1935</u>	

I have provided notice to the involved member and conducted the alcohol and drug testing as indicated.

B.I.A. Supervisor's Name <u>SGT. ROBERT VANNA #2232</u>	B.I.A. Supervisor's Signature <u>[Signature]</u>	Date and Time <u>05 OCT 14 / 1955</u>
--	---	--

CPD-44.252 (REV. 6/12)

DISTRIBUTION: ORIGINAL - TO B.I.A. SUPERVISOR, COPY - TO INVOLVED MEMBER.



10/7/2014 3:39:55 PM

## Drug Detail Report

### PATIENT INFORMATION

Quest Diagnostics Employer Solutions  
Customer Care: 800-877-7484

Primary ID: [REDACTED]

### SPECIMEN INFORMATION

REQUISITION: [REDACTED]  
LAB REF NO: [REDACTED]  
COLLECTED: 10/5/2014 19:35  
RECEIVED: 10/7/2014 08:16  
REPORTED: 10/7/2014 15:42  
DOCUMENT ID:

### CLIENT INFORMATION

[REDACTED]  
USHW/CHICAGO POLICE DEPT  
3510 S MICHIGAN AVE  
CHICAGO, IL 60653  
CSL: N/P

Reason: OTHER -- MANDATORY WEAPONS DISCHRG

Tests Ordered: 39409N

### Integrity Checks

### Acceptable Range

CREATININE	319.2 mg/dL	>= 20 mg/dL
pH	5.0	4.5-8.9
OXIDIZING ADULTERANTS	Negative	

### Substance Abuse Panel

	Initial Test Level	GC/MS Confirm Test Level
--	-----------------------	-----------------------------

AMPHETAMINES	Negative	1000 ng/mL	500 ng/mL
BARBITURATES	Negative	300 ng/mL	200 ng/mL
BENZODIAZEPINES	Negative	300 ng/mL	200 ng/mL
COCAINE METABOLITES	Negative	300 ng/mL	150 ng/mL
MARIJUANA METABOLITES	Negative	50 ng/mL	15 ng/mL
METHADONE	Negative	300 ng/mL	200 ng/mL
MDA-ANALOGUES	Negative	250 ng/mL	200 ng/mL
OPIATES	Negative	300 ng/mL	300 ng/mL
OXYCODONES	Negative	100 ng/mL	100 ng/mL
PHENCYCLIDINE	Negative	25 ng/mL	25 ng/mL
PROPOXYPHENE	Negative	300 ng/mL	200 ng/mL

CERTIFYING SCIENTIST: [REDACTED]

### SPECIMEN RECEIVED AND PROCESSED IN THE

LAB: Quest Diagnostics-Lenexa  
10101 Renner Blvd  
Lenexa KS 66219

### ADDITIONAL COMMENTS:

Test Type: MANDATORY WEAPONS DISCHRG mapped to OTHR